MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR [redacted] WITH FORM PTO-875)

SERIAL NO. 10/530259

FILING DATE

APPLIC. [redacted]

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3			1			
4				1		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	1	←	1	←		←
TOTAL CLAIMS	2		2			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						